

| Name of Debtor (if individual, enter Last, First, Middle):<br><b>Norris, Heather Spring</b>   |   | Name of Joint Debtor (Spouse) (Last, First, Middle):  |   |  |   |  |   |  |   |   |  |
|---|---|---|---|--|---|--|---|--|---|---|--|
| All Other Names used by the Debtor in the last 8 years<br>(include married, maiden, and trade names):   |   | All Other Names used by the Joint Debtor in the last 8 years<br>(include married, maiden, and trade names):   |   |  |   |  |   |  |   |   |  |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN<br>(if more than one, state all): <b>8706</b>   |   | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN<br>(if more than one, state all):   |   |  |   |  |   |  |   |   |  |
| Street Address of Debtor (No. and Street, City, and State):<br><b>1101 Burns Ln.<br/>Minooka, Illinois</b>  |   | Street Address of Joint Debtor (No. and Street, City, and State):   |   |  |   |  |   |  |   |   |  |
| ZIP CODE <b>60447</b>   |   | ZIP CODE  |   |  |   |  |   |  |   |   |  |
| County of Residence or of the Principal Place of Business:<br><b>GRUNDY</b>   |   | County of Residence or of the Principal Place of Business:  |   |  |   |  |   |  |   |   |  |
| Mailing Address of Debtor (if different from street address):   |   | Mailing Address of Joint Debtor (if different from street address):   |   |  |   |  |   |  |   |   |  |
| ZIP CODE  |   | ZIP CODE  |   |  |   |  |   |  |   |   |  |
| Location of Principal Assets of Business Debtor (if different from street address above):   |   |   |   |  |   |  |   |  |   |   |  |
| ZIP CODE  |   |   |   |  |   |  |   |  |   |   |  |
| <b>Type of Debtor</b><br>(Form of Organization)<br>(Check one box.)   |   | <b>Nature of Business</b><br>(Check one box.)   |   |  |   |  |   |  |   |   |  |
| <input checked="" type="checkbox"/> Individual (includes Joint Debtors)<br><i>See Exhibit D on page 2 of this form.</i>   |   | <input type="checkbox"/> Health Care Business   |   |  |   |  |   |  |   |   |  |
| <input type="checkbox"/> Corporation (includes LLC and LLP)   |   | <input type="checkbox"/> Single Asset Real Estate as defined in<br>11 U.S.C. § 101(51B)   |   |  |   |  |   |  |   |   |  |
| <input type="checkbox"/> Partnership  |   | <input type="checkbox"/> Railroad   |   |  |   |  |   |  |   |   |  |
| <input type="checkbox"/> Other (If debtor is not one of the above entities, check<br>this box and state type of entity below.)  |   | <input type="checkbox"/> Stockbroker  |   |  |   |  |   |  |   |   |  |
|   |   | <input type="checkbox"/> Commodity Broker   |   |  |   |  |   |  |   |   |  |
|   |   | <input type="checkbox"/> Clearing Bank  |   |  |   |  |   |  |   |   |  |
|   |   | <input type="checkbox"/> Other  |   |  |   |  |   |  |   |   |  |
| <b>Chapter 15 Debtors</b><br>Country of debtor's center of main interests:  |   | <b>Tax-Exempt Entity</b><br>(Check box, if applicable.)   |   |  |   |  |   |  |   |   |  |
| Each country in which a foreign proceeding by, regarding, or<br>against debtor is pending:  |   | <input type="checkbox"/> Debtor is a tax-exempt organization<br>under title 26 of the United States<br>Code (the Internal Revenue Code).  |   |  |   |  |   |  |   |   |  |
| <b>Chapter 11 Debtors</b><br><b>Nature of Debts</b><br>(Check one box.)   |   | <input checked="" type="checkbox"/> Debts are primarily consumer<br>debts, defined in 11 U.S.C.<br>§ 101(8) as "incurred by an<br>individual primarily for a<br>personal, family, or<br>household purpose."                             |   |  |   |  |   |  |   |   |  |
| <input type="checkbox"/> Debts are primarily<br>business debts.   |   |   |   |  |   |  |   |  |   |   |  |
| <b>Filing Fee (Check one box.)</b>  |   | <b>Check one box:</b>   |   |  |   |  |   |  |   |   |  |
| <input checked="" type="checkbox"/> Full Filing Fee attached.   |   | <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).  |   |  |   |  |   |  |   |   |  |
| <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach<br>signed application for the court's consideration certifying that the debtor is<br>unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. |   | <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).  |   |  |   |  |   |  |   |   |  |
| <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must<br>attach signed application for the court's consideration. See Official Form 3B.   |   | <b>Check if:</b>  |   |  |   |  |   |  |   |   |  |
|   |   | <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to<br>insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment<br>on 4/01/16 and every three years thereafter). |   |  |   |  |   |  |   |   |  |
|   |   | <b>Check all applicable boxes:</b>  |   |  |   |  |   |  |   |   |  |
|   |   | <input type="checkbox"/> A plan is being filed with this petition.  |   |  |   |  |   |  |   |   |  |
|   |   | <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes<br>of creditors, in accordance with 11 U.S.C. § 1126(b).   |   |  |   |  |   |  |   |   |  |
| <b>Statistical/Administrative Information</b>   |   |   |   |  |   |  |   |  |   | <b>THIS SPACE IS FOR<br/>COURT USE ONLY</b> |  |
| <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.  |   |   |   |  |   |  |   |  |   |   |  |
| <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for<br>distribution to unsecured creditors.  |   |   |   |  |   |  |   |  |   |   |  |
| <b>Estimated Number of Creditors</b>  |   |   |   |  |   |  |   |  |   |   |  |
| <input checked="" type="checkbox"/> 1-49  | <input type="checkbox"/> 50-99                    | <input type="checkbox"/> 100-199  | <input type="checkbox"/> 200-999                        | <input type="checkbox"/> 1,000-<br>5,000                   | <input type="checkbox"/> 5,001-<br>10,000                   | <input type="checkbox"/> 10,001-<br>25,000                   | <input type="checkbox"/> 25,001-<br>50,000                    | <input type="checkbox"/> 50,001-<br>100,000              | <input type="checkbox"/> Over<br>100,000          |   |  |
| <b>Estimated Assets</b>   |   |   |   |  |   |  |   |  |   |   |  |
| <input checked="" type="checkbox"/> \$0 to<br>\$50,000  | <input type="checkbox"/> \$50,001 to<br>\$100,000 | <input type="checkbox"/> \$100,001 to<br>\$500,000  | <input type="checkbox"/> \$500,001<br>to \$1<br>million | <input type="checkbox"/> \$1,000,001<br>to \$10<br>million | <input type="checkbox"/> \$10,000,001<br>to \$50<br>million | <input type="checkbox"/> \$50,000,001<br>to \$100<br>million | <input type="checkbox"/> \$100,000,001<br>to \$500<br>million | <input type="checkbox"/> \$500,000,001<br>to \$1 billion | <input type="checkbox"/> More than<br>\$1 billion |   |  |
| <b>Estimated Liabilities</b>  |   |   |   |  |   |  |   |  |   |   |  |
| <input checked="" type="checkbox"/> \$0 to<br>\$50,000  | <input type="checkbox"/> \$50,001 to<br>\$100,000 | <input type="checkbox"/> \$100,001 to<br>\$500,000  | <input type="checkbox"/> \$500,001<br>to \$1<br>million | <input type="checkbox"/> \$1,000,001<br>to \$10<br>million | <input type="checkbox"/> \$10,000,001<br>to \$50<br>million | <input type="checkbox"/> \$50,000,001<br>to \$100<br>million | <input type="checkbox"/> \$100,000,001<br>to \$500<br>million | <input type="checkbox"/> \$500,000,001<br>to \$1 billion | <input type="checkbox"/> More than<br>\$1 billion |   |  |

**Voluntary Petition**

(This page must be completed by every debtor.)

Case 1:14-15874 Doc 1 Filed 12/29/14

Name of Debtor(s): **Norris, Heather Spring**

Entered 12/29/14 14:01:05 Desc Main Document Page 2 of 50

**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than one, attach additional sheet.)Location  
Where Filed: **Northern District of Illinois**Case Number: **10-51919**Date Filed: **November 22, 2010**Location  
Where Filed:

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet.)Name of Debtor: **NONE**

Case Number:

Date Filed:

District:

Relationship:

Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).

x

Signature of Attorney for Debtor(s)

(Date)

12-24-14

**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D, completed and signed by the debtor, is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D, also completed and signed by the joint debtor, is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box.)

☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes.)

☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(f)).

## Voluntary Petition

(This page must be completed and filed in every case.)

Case 14-45874

Doc 1

Filed 12/29/14

Name of Debtor(s): Norris, Heather Spring

Entered 12/29/14 14:01:05 Desc Main

Documents Page 3 of 50

## Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X Heather Spring Norris  
Signature of Debtor

X \_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Telephone Number (if not represented by attorney)

\_\_\_\_\_  
Date

## Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X \_\_\_\_\_  
(Signature of Foreign Representative)

\_\_\_\_\_  
(Printed Name of Foreign Representative)

\_\_\_\_\_  
Date

## Signature of Attorney\*

X \_\_\_\_\_

Signature of Attorney for Debtor(s)

**James M. Durkee**

Printed Name of Attorney for Debtor(s)

**Malmquist and Geiger**

Firm Name

**415 Liberty St.**

**Morris, Illinois 60450**

Address

**(815) 942-5072**

Telephone Number

\_\_\_\_\_  
Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

## Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X \_\_\_\_\_  
Signature of Authorized Individual

\_\_\_\_\_  
Printed Name of Authorized Individual

\_\_\_\_\_  
Title of Authorized Individual

\_\_\_\_\_  
Date

## Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
Address

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

In re Heather Spring Norris,

Debtor

Document

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Case No. \_\_\_\_\_

(If known)

**SCHEDULE A - REAL PROPERTY**

| DESCRIPTION AND<br>LOCATION OF<br>PROPERTY | NATURE OF DEBTOR'S<br>INTEREST IN PROPERTY | Husband, Wife, Joint,<br>or Community | CURRENT VALUE<br>OF DEBTOR'S<br>INTEREST IN<br>PROPERTY, WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM<br>OR EXEMPTION | AMOUNT OF<br>SECURED<br>CLAIM |
|--|--|---------------------------------------|--|-------------------------------|
| NONE                                       |  |                                       |  |                               |
| Total ▼                                    |  |                                       | \$0.00   |                               |

(Report also on Summary of Schedules.)

In re Heather Spring Norris,

Debtor

Case No.

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

| TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION<br>OF PROPERTY  | Husband, Wife,<br>Joint, Or Community | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY, WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM<br>OR EXEMPTION |
|---|------------------|--|---------------------------------------|---|
| 1. Cash on hand.  | X                |  |                                       |   |
| 2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. |                  | TWO CHECKING ACCOUNTS AT CHASE BANK  |                                       | \$14.28   |
| 3. Security deposits with public utilities, telephone companies, landlords, and others.   | X                |  |                                       |   |
| 4. Household goods and furnishings, including audio, video, and computer equipment.   |                  | PERSONAL FAMILY HOUSEHOLD GOODS FOR HOUSEHOLD OF 2 (INCLUDES COUCH, TWO BEDS, TABLE, TWO TV'S) |                                       | \$590.00  |
|   |                  | PERSONAL OFFICE EQUIPMENT AND ELECTRONICS (INCLUDES DES, WII, CHAIRS, PC)                      |                                       | \$65.00   |
| 5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.   | X                |  |                                       |   |
| 6. Wearing apparel.   |                  | PERSONAL CLOTHING FOR FAMILY OF 2  |                                       | \$50.00   |
| 7. Furs and jewelry.  |                  | PERSONAL JEWELRY   |                                       | \$15.00   |
| 8. Firearms and sports, photographic, and other hobby equipment.  | X                |  |                                       |   |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.  | X                |  |                                       |   |
| 10. Annuities. Itemize and name each issuer.  | X                |  |                                       |   |

In re Heather Spring Norris,

Debtor

Case No. \_\_\_\_\_

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

| TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION<br>OF PROPERTY | Husband, Wife,<br>Joint, Or Community | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY, WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM<br>OR EXEMPTION |
|---|------------------|---|---------------------------------------|---|
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X                |   |                                       |   |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   | X                |   |                                       |   |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize.   | X                |   |                                       |   |
| 14. Interests in partnerships or joint ventures. Itemize.   | X                |   |                                       |   |
| 15. Government and corporate bonds and other negotiable and nonnegotiable instruments.  | X                |   |                                       |   |
| 16. Accounts receivable.  | X                |   |                                       |   |
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  | X                |   |                                       |   |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars.  | X                |   |                                       |   |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A – Real Property.  | X                |   |                                       |   |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | X                |   |                                       |   |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | X                |   |                                       |   |
| 22. Patents, copyrights, and other intellectual property. Give particulars.   | X                |   |                                       |   |
| 23. Licenses, franchises, and other general intangibles. Give particulars.  | X                |   |                                       |   |

In re Heather Spring Norris,

Debtor

Case No. \_\_\_\_\_

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

| TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION<br>OF PROPERTY                                | Husband, Wife,<br>Joint, Or Community | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY, WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM<br>OR EXEMPTION |
|---|------------------|--|---------------------------------------|---|
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |  |                                       |   |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories.  |                  | 2008 CHEVROLET COBALT (165K MILES, KBB TRADE-IN VALUE, GOOD CONDITION) |                                       | \$1,681.00  |
| 26. Boats, motors, and accessories.   | X                |  |                                       |   |
| 27. Aircraft and accessories.   | X                |  |                                       |   |
| 28. Office equipment, furnishings, and supplies.  | X                |  |                                       |   |
| 29. Machinery, fixtures, equipment, and supplies used in business.  | X                |  |                                       |   |
| 30. Inventory.  | X                |  |                                       |   |
| 31. Animals.  | X                |  |                                       |   |
| 32. Crops - growing or harvested. Give particulars.   | X                |  |                                       |   |
| 33. Farming equipment and implements.   | X                |  |                                       |   |
| 34. Farm supplies, chemicals, and feed.   | X                |  |                                       |   |
| 35. Other personal property of any kind not already listed. Itemize.  | X                |  |                                       |   |

2 continuation sheets attached

Total ►

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

\$2,415.28

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. § 522(b)(2)☐ 11 U.S.C. § 522(b)(3)☐ Check if debtor claims a homestead exemption that exceeds \$155,675.\*

| DESCRIPTION OF PROPERTY  | SPECIFY LAW PROVIDING EACH EXEMPTION | VALUE OF CLAIMED EXEMPTION | CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION |
|--|--------------------------------------|----------------------------|---|
| 2008 CHEVROLET COBALT (165K MILES, KBB TRADE-IN VALUE, GOOD CONDITION)                         | 735 ILCS 5/12-1001(c)                | \$1,681.00                 | \$1,681.00  |
| TWO CHECKING ACCOUNTS AT CHASE BANK  | 735 ILCS 5/12-1001(b)                | \$14.28                    | \$14.28   |
| PERSONAL FAMILY HOUSEHOLD GOODS FOR HOUSEHOLD OF 2 (INCLUDES COUCH, TWO BEDS, TABLE, TWO TV'S) | 735 ILCS 5/12-1001(b)                | \$590.00                   | \$590.00  |
| PERSONAL CLOTHING FOR FAMILY OF 2  | 735 ILCS 5/12-1001(b)                | \$50.00                    | \$50.00   |
| PERSONAL JEWELRY   | 735 ILCS 5/12-1001(b)                | \$15.00                    | \$15.00   |
| PERSONAL OFFICE EQUIPMENT AND ELECTRONICS (INCLUDES DES, WII, CHAIRS, PC)                      | 735 ILCS 5/12-1001(b)                |                            | \$65.00   |

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.



In re Heather Spring Norris

Debtor

Case No. \_\_\_\_\_

(If known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER<br>(See Instructions Above.)   | CODEBTOR        | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN  | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |    |                 |    |                 |    |                 |    |                 |
|---|-----------------|------------------------------------|---|------------|--------------|----------|---|---------------------------|----|-----------------|----|-----------------|----|-----------------|----|-----------------|
| ACCOUNT NO. 7890<br>HEIGHTS FINANCE CORPORATION<br>P.O. BOX 2235<br>OTTAWA, IL 61350-6835   |                 |                                    | Nonpossessory,<br>Nonpurchase-Money Security Interest<br><br>PERSONAL FAMILY<br>See Attachment 1<br><br>VALUE \$ <b>\$590.00</b>                    |            |              |          | <b>\$3,453.29</b>                                     | <b>\$2,863.29</b>         |    |                 |    |                 |    |                 |    |                 |
| Additional Contacts for HEIGHTS FINANCE CORPORATION (7890):<br><br>HEIGHTS FINANCE<br>1128 COLUMBUS ST.<br>OTTAWA, IL 61350   |                 |                                    |   |            |              |          |   |                           |    |                 |    |                 |    |                 |    |                 |
| ACCOUNT NO. 8-01<br>PERSONAL FINANCE COMPANY<br>5 NORTHPOINT PLAZA<br>STREATOR, IL 61364  |                 |                                    | Nonpossessory,<br>Nonpurchase-Money Security Interest<br><br>PERSONAL FAMILY<br>See Attachment 2<br><br>VALUE \$ <b>\$590.00</b>                    |            |              |          | <b>\$3,630.00</b>                                     | <b>\$3,630.00</b>         |    |                 |    |                 |    |                 |    |                 |
| ACCOUNT NO.<br>STREATOR ONIZED CREDIT UNION<br>912 N. SHABONA ST.<br>STREATOR, IL 61364   |                 |                                    | Purchase-Money Security Interest<br><br>2008 CHEVROLET COBALT<br>(165K MILES, KBB TRADE-IN VALUE, GOOD CONDITION)<br><br>VALUE \$ <b>\$1,681.00</b> |            |              |          | <b>\$600.00</b>                                       |                           |    |                 |    |                 |    |                 |    |                 |
| <div style="display: flex; justify-content: space-between;"> <div> <b>0</b> continuation sheets attached </div> <div> Subtotal ►<br/>(Total of this page)<br/><br/>Total ►<br/>(Use only on last page) </div> <div> <table border="1"> <tr> <td>\$</td> <td><b>7,683.29</b></td> <td>\$</td> <td><b>6,493.29</b></td> </tr> <tr> <td>\$</td> <td><b>7,683.29</b></td> <td>\$</td> <td><b>6,493.29</b></td> </tr> </table> </div> </div> |                 |                                    |   |            |              |          |   |                           | \$ | <b>7,683.29</b> | \$ | <b>6,493.29</b> | \$ | <b>7,683.29</b> | \$ | <b>6,493.29</b> |
| \$  | <b>7,683.29</b> | \$                                 | <b>6,493.29</b>   |            |              |          |   |                           |    |                 |    |                 |    |                 |    |                 |
| \$  | <b>7,683.29</b> | \$                                 | <b>6,493.29</b>   |            |              |          |   |                           |    |                 |    |                 |    |                 |    |                 |

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

## **Attachment**

### **Attachment 1**

**HOUSEHOLD GOODS FOR HOUSEHOLD OF 2 (INCLUDES COUCH, TWO BEDS, TABLE, TWO TV'S)**

### **Attachment 2**

**HOUSEHOLD GOODS FOR HOUSEHOLD OF 2 (INCLUDES COUCH, TWO BEDS, TABLE, TWO TV'S)**

In re

Heather Spring Norris

Debtor

Case No. \_\_\_\_\_

(if known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Heather Spring Norris,

Case No. \_\_\_\_\_

Debtor

(if known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

(Continuation Sheet)

**Taxes and Certain Other Debts Owed to Governmental Units** Type of Priority for Claims Listed on This Sheet

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)   | CODEBTR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM   | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |         |
|---|---------|--|--|------------|--------------|----------|---|--------------------------------------|--|---------|
| Account No.   |         |  |  |            |              |          |   |                                      |  |         |
| INTERNAL REVENUE<br>SERVICE<br>P.O. BOX 7346<br>PHILADELPHIA, PA<br>19101-7346                                  |         |  | Federal Taxes  |            |              |          | \$1,469.90  | \$1,469.90                           | \$0.00   |         |
|   |         |  |  |            |              |          |   |                                      |  |         |
|   |         |  |  |            |              |          |   |                                      |  |         |
|   |         |  |  |            |              |          |   |                                      |  |         |
| Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to Schedule<br>of Creditors Holding Priority Claims |         |  |  |            |              |          | Subtotals><br>(Totals of this page)   | \$ 1,469.90                          | \$ 1,469.90  | \$0.00  |
|   |         |  |  |            |              |          | Total><br>(Use only on last page of the completed<br>Schedule E. Report also on the Summary<br>of Schedules.)   | \$ 1,469.90                          |  |         |
|   |         |  |  |            |              |          | Totals><br>(Use only on last page of the completed<br>Schedule E. If applicable, report also on<br>the Statistical Summary of Certain<br>Liabilities and Related Data.) |                                      | \$ 1,469.90  | \$ 0.00 |

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>See instructions above.</i>                                  | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|---|----------|--|--|------------|--------------|----------|--------------------|
| ACCOUNT NO. <b>3611</b><br><br>AMEREN ILLINOIS<br>C/O AARGON COLLECTION<br>AGENCY<br>8668 SPRING MOUNTAIN RD.<br>LAS VEGAS, NV 89117-4113           |          |  | UTILITY  |            |              |          | <b>\$219.92</b>    |
| ACCOUNT NO. <b>5429</b><br><br>AT&T<br>C/O THE COLLECTION FIRM<br>OF FRANKLIN COLLECTION<br>SERVICE, INC.<br>P.O. BOX 3910<br>TUPELO, MS 38803-3910 |          |  | UTILITY  |            |              |          | <b>\$376.41</b>    |
| ACCOUNT NO. <b>4846</b><br><br>BARLCAYCARD<br>CARD SERVICES<br>P.O. BOX 60517<br>CITY OF INDUSTRY, CA<br>91716-0517                                 |          |  | Credit Card Charges  |            |              |          | <b>\$521.41</b>    |
| ACCOUNT NO. <b>2509</b><br><br>CAPITAL ONE BANK (USA),<br>N.A.<br>P.O. BOX 6492<br>CAROL STREAM, IL<br>60197-6492                                   |          |  | Credit Card Charges  |            |              |          | <b>\$2,382.07</b>  |
| Subtotal▶   |          |  |  |            |              |          | <b>\$ 3,499.81</b> |
| Total▶  |          |  |  |            |              |          | \$                 |

(Use only on last page of the completed Schedule F.)  
 (Report also on Summary of Schedules and, if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.)

3 continuation sheets attached

**Debtor**

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)  | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM                 |
|--|----------|--|--|------------|--------------|----------|------------------------------------|
| ACCOUNT NO. 0875<br>CBO/OSFMG OTTAWA<br>C/O CONVERGENT<br>HEALTHCARE RECOVERIES,<br>INC.<br>P.O. BOX 5435<br>DEPT. 0102<br>CAROL STREAM, IL 60197-5435 |          |  | Medical Services   |            |              |          | \$108.55                           |
| ACCOUNT NO. 8995<br>COMENITY - MAURICES<br>P.O. BOX 659705<br>SAN ANTONIO, TX<br>78265-9705  |          |  | Credit Card Charges  |            |              |          | \$1,653.27                         |
| ACCOUNT NO. 3450<br>COMENITY - VICTORIA'S<br>SECRET<br>P.O. BOX 659728<br>SAN ANTONIO, TX<br>78265-9728  |          |  | Credit Card Charges  |            |              |          | \$901.22                           |
| ACCOUNT NO. 8521<br>MORRIS HOSPITAL<br>150 W. HIGH ST.<br>MORRIS, IL 60450   |          |  | Medical Services   |            |              |          | \$330.04                           |
| Sheet no. <u>1</u> of <u>3</u> continuation sheets attached<br>to Schedule of Creditors Holding Unsecured<br>Nonpriority Claims                        |          |  |  |            |              |          | Subtotal▶ \$ 2,993.08<br>Total▶ \$ |

(Use only on last page of the completed Schedule F.)  
 (Report also on Summary of Schedules and, if applicable on the Statistical  
 Summary of Certain Liabilities and Related Data.)

Debtor

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)  | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM    |
|--|----------|--|--|------------|--------------|----------|-----------------------|
| Additional Contacts for MORRIS HOSPITAL (8521):  |          |  |  |            |              |          |                       |
| <b>MORRIS HOSPITAL</b><br><b>C/O MICHAEL R.</b><br><b>NAUGHTON</b><br><b>P.O. BOX 10</b><br><b>MANHATTAN, IL 60442</b>   |          |  |  |            |              |          |                       |
| ACCOUNT NO. 8433   |          |  | Medical Services   |            |              |          | \$2,063.37            |
| <b>MORRIS HOSPITAL</b><br><b>C/O MIRAMED REVENUE</b><br><b>GROUP</b><br><b>DEPT 77304</b><br><b>P.O. BOX 77000</b><br><b>DETROIT, MI 48277-0304</b>                                  |          |  |  |            |              |          |                       |
| ACCOUNT NO. 3820   |          |  | Medical Services   |            |              |          | \$1,058.35            |
| <b>MORRIS HOSPITAL</b><br><b>C/O CREDITORS DISCOUNT</b><br><b>AND AUDIT CO.</b><br><b>415 E. MAIN ST., P.O. BOX</b><br><b>213</b><br><b>STREATOR, IL 61364-0213</b>                  |          |  |  |            |              |          |                       |
| ACCOUNT NO. 1669   |          |  | Credit Card Charges  |            |              |          | \$1,432.64            |
| <b>SYNCHRONY BANK</b><br><b>P.O. BOX 960061</b><br><b>ORLANDO, FL 32896-0061</b>   |          |  |  |            |              |          |                       |
| Sheet no. <u>2</u> of <u>3</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  |          |  |  |            |              |          | Subtotal▶ \$ 4,554.36 |
| (Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.) |          |  |  |            |              |          | Total▶ \$             |

Debtor

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)  | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|--|----------|--|--|------------|--------------|----------|--------------------|
| ACCOUNT NO. <b>2424</b><br><br><b>SYNCHRONY<br/>BANK/AMAZON<br/>P.O. BOX 960013<br/>ORLANDO, FL 32896-0013</b> |          |  | Credit Card Charges  |            |              |          | \$811.87           |
| ACCOUNT NO. <b>1668</b><br><br><b>THE CASH STORE<br/>357 W. STEVENSON RD.<br/>OTTAWA, IL 61350</b>             |          |  | Personal Loan  |            |              |          | \$1,200.00         |
| ACCOUNT NO.<br><br><b>TURNBERRY COURT<br/>APARTMENTS<br/>2811 CHAMPLAIN ST.<br/>OTTAWA, IL 61350</b>           |          |  | RENTAL LEASE<br>SETTLEMENT CHARGES   |            |              |          | \$554.00           |
| Subtotal   |          |  |  |            |              |          | \$ 2,565.87        |
| Total  |          |  |  |            |              |          | \$ 13,613.12       |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)



In re Heather Spring Norris,

Debtor

Case No.

(if known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

☐ Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS,<br>INCLUDING ZIP CODE,<br>OF OTHER PARTIES TO LEASE OR CONTRACT.  | DESCRIPTION OF CONTRACT OR LEASE AND<br>NATURE OF DEBTOR'S INTEREST. STATE<br>WHETHER LEASE IS FOR NONRESIDENTIAL<br>REAL PROPERTY. STATE CONTRACT<br>NUMBER OF ANY GOVERNMENT CONTRACT. |
|---|--|
| AMERICAN HOMES 4 RENT, LLC<br>C/O AMG MANAGEMENT GROUP, LLC<br>1400 ESSIGNTON RD.<br>JOLIET, IL 60435<br><br>AMERICAN HOMES 4 RENT, LLC<br>30601 AGOURA RD.<br>AGOURA HILLS, CA 91301 | Description: REAL PROPERTY LEASE<br><br>Nature of Debtor's Interest: LESSEE  |

**Debtor**

(if known)

## SCHEDULE H - CODEBTORS

☒ Check this box if debtor has no codebtors.

[illegible]

Fill in this information to identify your case:

Debtor 1 **Heather Spring Norris**  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for: **Northern District of Illinois**

Case number  
 (if known) \_\_\_\_\_

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

## Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Employment

#### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

#### Employment status

- ☒ Employed  
☐ Not employed

- ☐ Employed  
☐ Not employed

#### Occupation

**DENTAL TECH**

#### Employer's name

**OTTAWA DENTAL LAB**

#### Employer's address

**1403 STARFIRE DR.**

Number Street

Number Street

**OTTAWA, IL 61350**

City State ZIP Code

City State ZIP Code

How long employed there? **14 YEARS**

### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

|  | For Debtor 1       | For Debtor 2 or non-filing spouse |
|--|--------------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | \$ <b>4,630.06</b> | \$ <b>0.00</b>                    |
| 3. Estimate and list monthly overtime pay.   | + \$ <b>0.00</b>   | + \$ <b>0.00</b>                  |
| 4. Calculate gross income. Add line 2 + line 3.  | \$ <b>4,630.06</b> | \$ <b>0.00</b>                    |

|   | For Debtor 1    | For Debtor 2 or<br>non-filing spouse |
|---|-----------------|--------------------------------------|
| Copy line 4 here..... → 4.  | \$ 4,630.06     | \$ 0.00                              |
| <b>5. List all payroll deductions:</b>  |                 |                                      |
| 5a. Tax, Medicare, and Social Security deductions   | 5a. \$ 871.50   | \$ 0.00                              |
| 5b. Mandatory contributions for retirement plans  | 5b. \$ 0.00     | \$ 0.00                              |
| 5c. Voluntary contributions for retirement plans  | 5c. \$ 0.00     | \$ 0.00                              |
| 5d. Required repayments of retirement fund loans  | 5d. \$ 0.00     | \$ 0.00                              |
| 5e. Insurance   | 5e. \$ 0.00     | \$ 0.00                              |
| 5f. Domestic support obligations  | 5f. \$ 0.00     | \$ 0.00                              |
| 5g. Union dues  | 5g. \$ 0.00     | \$ 0.00                              |
| 5h. Other deductions. Specify: <u>See Attachment 1</u>  | 5h. + \$ 689.56 | + \$ 0.00                            |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.   | 6. \$ 1,561.06  | \$ 0.00                              |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  | 7. \$ 3,069.00  | \$ 0.00                              |
| <b>8. List all other income regularly received:</b>   |                 |                                      |
| 8a. Net income from rental property and from operating a business, profession, or farm<br>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.   | 8a. \$ 0.00     | \$ 0.00                              |
| 8b. Interest and dividends  | 8b. \$ 0.00     | \$ 0.00                              |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive<br>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c. \$ 0.00     | \$ 0.00                              |
| 8d. Unemployment compensation   | 8d. \$ 0.00     | \$ 0.00                              |
| 8e. Social Security   | 8e. \$ 0.00     | \$ 0.00                              |
| 8f. Other government assistance that you regularly receive<br>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.<br>Specify: _____  | 8f. \$ 0.00     | \$ 0.00                              |
| 8g. Pension or retirement income  | 8g. \$ 0.00     | \$ 0.00                              |
| 8h. Other monthly income. Specify: <u>See Attachment 2</u>  | 8h. + \$ 945.00 | + \$ 0.00                            |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.   | 9. \$ 945.00    | \$ 0.00                              |
| 10. Calculate monthly income. Add line 7 + line 9.<br>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10. \$ 4,014.00 | \$ 0.00                              |
| 11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> .<br>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.<br>Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .<br>Specify: _____ | 11. + \$ 0.00   |                                      |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.<br>Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies   | 12. \$ 4,014.00 | Combined monthly income              |
| 13. Do you expect an increase or decrease within the year after you file this form?<br><input checked="" type="checkbox"/> No.<br><input type="checkbox"/> Yes. Explain: _____  |                 |                                      |

## **Addendum**

### **Attachment 1**

Description: 125 DENTAL INSURANCE  
Debtor's Amount: \$39.00

Description: 125 MEDICAL INSURANCE  
Debtor's Amount: \$394.33

Description: 125 VISION  
Debtor's Amount: \$9.10

Description: 401K LOAN SOURCE 4  
Debtor's Amount: \$146.62

Description: GROUP TERM LIFE OUT  
Debtor's Amount: \$0.50

Description: HSA  
Debtor's Amount: \$100.01

### **Attachment 2**

**BOYFRIEND HOUSEHOLD CONTRIBUTIONS (FROM BANK STATEMENTS**

Fill in this information to identify your case:

Debtor 1 Heather Spring Norris  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for: Northern District of Illinois

Case number \_\_\_\_\_  
(if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

## Official Form B 6J

## Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Your Household

## 1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

## 2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

DAUGHTER

12

☐ No☒ Yes☐ No☐ Yes☐ No☐ Yes☐ No☐ Yes☐ No☐ Yes

## 3. Do your expenses include expenses of people other than yourself and your dependents?

☐ No☒ Yes

## Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form B 6I).

## 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 1,395.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 30.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 92.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

|  | Your expenses  |
|--|----------------|
| 5. Additional mortgage payments for your residence, such as home equity loans  | 5. \$ 0.00     |
| 6. Utilities:  |                |
| 6a. Electricity, heat, natural gas   | 6a. \$ 300.00  |
| 6b. Water, sewer, garbage collection   | 6b. \$ 40.00   |
| 6c. Telephone, cell phone, Internet, satellite, and cable services   | 6c. \$ 0.00    |
| 6d. Other. Specify: <u>See Attachment 1</u>  | 6d. \$ 427.00  |
| 7. Food and housekeeping supplies  | 7. \$ 700.00   |
| 8. Childcare and children's education costs  | 8. \$ 0.00     |
| 9. Clothing, laundry, and dry cleaning   | 9. \$ 100.00   |
| 10. Personal care products and services  | 10. \$ 150.00  |
| 11. Medical and dental expenses  | 11. \$ 60.00   |
| 12. Transportation. Include gas, maintenance, bus or train fare.<br>Do not include car payments.   | 12. \$ 250.00  |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books   | 13. \$ 50.00   |
| 14. Charitable contributions and religious donations   | 14. \$ 0.00    |
| 15. Insurance.<br>Do not include insurance deducted from your pay or included in lines 4 or 20.  |                |
| 15a. Life insurance  | 15a. \$ 0.00   |
| 15b. Health insurance  | 15b. \$ 0.00   |
| 15c. Vehicle insurance   | 15c. \$ 130.00 |
| 15d. Other insurance. Specify: _____   | 15d. \$ 0.00   |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.<br>Specify: _____   | 16. \$ 0.00    |
| 17. Installment or lease payments:   |                |
| 17a. Car payments for Vehicle 1  | 17a. \$ 0.00   |
| 17b. Car payments for Vehicle 2  | 17b. \$ 0.00   |
| 17c. Other. Specify: _____   | 17c. \$ _____  |
| 17d. Other. Specify: _____   | 17d. \$ _____  |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form B 6I). | 18. \$ 0.00    |
| 19. Other payments you make to support others who do not live with you.<br>Specify: _____  | 19. \$ 0.00    |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i> .  |                |
| 20a. Mortgages on other property   | 20a. \$ 0.00   |
| 20b. Real estate taxes   | 20b. \$ 0.00   |
| 20c. Property, homeowner's, or renter's insurance  | 20c. \$ 0.00   |
| 20d. Maintenance, repair, and upkeep expenses  | 20d. \$ 0.00   |
| 20e. Homeowner's association or condominium dues   | 20e. \$ 0.00   |

21. Other. Specify: **VETERINARY BILLS**21. **+\$ 50.00**22. **Your monthly expenses.** Add lines 4 through 21.  
The result is your monthly expenses.22. **\$ 3,774.00**23. **Calculate your monthly net income.**23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.23a. **\$ 4,014.00**

23b. Copy your monthly expenses from line 22 above.

23b. **-\$ 3,774.00**23c. Subtract your monthly expenses from your monthly income.  
The result is your *monthly net income*.23c. **\$ 240.00**24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.☐ Yes.

Explain here:



## **Addendum**

### **Attachment 1**

**Description: TELEPHONE, CELL PHONES**  
**Amount: 250.00**

**Description: CABLE AND INTERNET**  
**Amount: 177.00**

# UNITED STATES BANKRUPTCY COURT

## NORTHERN DISTRICT OF ILLINOIS

In re **Heather Spring Norris**,  
Debtor

Case No. \_\_\_\_\_

Chapter **13**

### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE  | ATTACHED<br>(YES/NO) | NO. OF SHEETS | ASSETS             | LIABILITIES         | OTHER       |
|---|----------------------|---------------|--------------------|---------------------|-------------|
| A - Real Property   |                      |               | \$ 0.00            |                     |             |
| B - Personal Property   |                      |               | \$ 2,415.28        |                     |             |
| C - Property Claimed<br>as Exempt   |                      |               |                    |                     |             |
| D - Creditors Holding<br>Secured Claims   |                      |               |                    | \$ 7,683.29         |             |
| E - Creditors Holding Unsecured<br>Priority Claims<br>(Total of Claims on Schedule E) |                      |               |                    | \$ 1,469.90         |             |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                                 |                      |               |                    | \$ 13,613.12        |             |
| G - Executory Contracts and<br>Unexpired Leases                                       |                      |               |                    |                     |             |
| H - Codebtors   |                      |               |                    |                     |             |
| I - Current Income of<br>Individual Debtor(s)   |                      |               |                    |                     | \$ 4,014.00 |
| J - Current Expenditures of Individual<br>Debtors(s)                                  |                      |               |                    |                     | \$ 3,774.00 |
| <b>TOTAL</b>  |                      | <b>0</b>      | <b>\$ 2,415.28</b> | <b>\$ 22,766.31</b> |             |

# UNITED STATES BANKRUPTCY COURT

## NORTHERN DISTRICT OF ILLINOIS

In re **Heather Spring Norris**,  
Debtor

Case No. \_\_\_\_\_

Chapter **13**

### STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

| Type of Liability   | Amount      |
|---|-------------|
| Domestic Support Obligations (from Schedule E)  | \$ 0.00     |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | \$ 1,469.90 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$ 0.00     |
| Student Loan Obligations (from Schedule F)  | \$ 0.00     |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E                   | \$ 0.00     |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | \$ 0.00     |
| TOTAL   | \$ 1,469.90 |

**State the following:**

|  |             |
|--|-------------|
| Average Income (from Schedule I, Line 12)  | \$ 4,014.00 |
| Average Expenses (from Schedule J, Line 22)  | \$ 3,774.00 |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14) | \$ 5,575.06 |

**State the following:**

|  |             |              |
|--|-------------|--------------|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column               |             | \$ 6,493.29  |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.            | \$ 1,469.90 |              |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |             | \$ 0.00      |
| 4. Total from Schedule F   |             | \$ 13,613.12 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |             | \$ 20,106.41 |

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 16 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date \_\_\_\_\_

Signature: \_\_\_\_\_

Heather Spring Norris Debtor

Date \_\_\_\_\_

Signature: \_\_\_\_\_

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

### DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any,  
of Bankruptcy Petition Preparer

Social Security No.  
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

\_\_\_\_\_

\_\_\_\_\_

Address

X \_\_\_\_\_  
Signature of Bankruptcy Petition Preparer

\_\_\_\_\_ Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the \_\_\_\_\_ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the \_\_\_\_\_ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (Total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date \_\_\_\_\_

Signature: \_\_\_\_\_

[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

**UNITED STATES BANKRUPTCY COURT**  
NORTHERN DISTRICT OF ILLINOIS

In re Heather Spring Norris

Case No. \_\_\_\_\_

Debtor

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now.

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of:

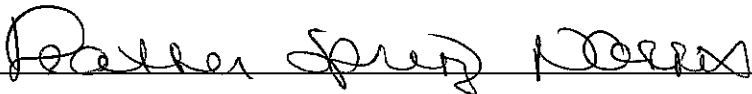
☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. ' 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: 

Date: 12-24-14

# UNITED STATES BANKRUPTCY COURT

NORTHERN DISTRICT OF ILLINOIS

In re: Heather Spring Norris

Debtor

Case No. \_\_\_\_\_

(if known)

## STATEMENT OF FINANCIAL AFFAIRS

### 1. Income from employment or operation of business

None  
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

Debtor:

Current Year (2014):  
\$51,382.34

YTD EMPLOYMENT THROUGH 11/15/14

Previous Year 1 (2013):  
\$50,315.00

EMPLOYMENT

Previous Year 2 (2012):  
\$48,410.00

EMPLOYMENT

Spouse:

N/A

### 2. Income other than from employment or operation of business

None  
☐

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

Debtor:

Current Year (2014):

Previous Year 1 (2013):

Previous Year 2 (2012):  
\$335.00

BUSINESS INCOME REPORTED AT LINE 12 OF

FEDERAL INCOME TAXES

Spouse:  
N/A

**3. Payments to creditors**

*Complete a. or b., as appropriate, and c.*

None  
☒

*a. Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATES OF PAYMENTS | AMOUNT PAID | AMOUNT STILL OWING |
|------------------------------|-------------------|-------------|--------------------|
|------------------------------|-------------------|-------------|--------------------|

Debtor:  
Spouse:  
N/A

None  
☒

*b. Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATES OF PAYMENTS/ TRANSFERS | AMOUNT PAID OR VALUE OF TRANSFERS | AMOUNT STILL OWING |
|------------------------------|------------------------------|-----------------------------------|--------------------|
|------------------------------|------------------------------|-----------------------------------|--------------------|

None  
☒

*c. All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR | DATE OF PAYMENT | AMOUNT PAID | AMOUNT STILL OWING |
|---|-----------------|-------------|--------------------|
|---|-----------------|-------------|--------------------|

**4. Suits and administrative proceedings, executions, garnishments and attachments**

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.



None  
☐

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT  
AND CASE NUMBER

NATURE OF  
PROCEEDING

COURT OR  
AGENCY AND  
LOCATION

STATUS OR  
DISPOSITION

Debtor:

MORRIS HOSPITAL V. HEATHER  
NORRIS  
Case Number: 14 SC 848

MEDICAL  
COLLECTIONS

GRUNDY COUNTY  
CIRCUIT COURT  
111 E.  
WASHINGTON ST.,  
MORRIS, IL 60450

PRE-JUDGMENT

Spouse:

N/A

None  
☒

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS  
OF PERSON FOR WHOSE  
BENEFIT PROPERTY WAS SEIZED

DATE OF  
SEIZURE

DESCRIPTION  
AND VALUE  
OF PROPERTY

#### 5. Repossessions, foreclosures and returns

None  
☒

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS  
OF CREDITOR OR SELLER

DATE OF REPOSSESSION,  
FORECLOSURE SALE,  
TRANSFER OR RETURN

DESCRIPTION  
AND VALUE  
OF PROPERTY

#### 6. Assignments and receiverships

None  
☒

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS  
OF ASSIGNEE

DATE OF  
ASSIGNMENT

TERMS OF  
ASSIGNMENT  
OR SETTLEMENT

None  
☒

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF CUSTODIAN | NAME AND LOCATION<br>OF COURT<br>CASE TITLE & NUMBER | DATE OF<br>ORDER | DESCRIPTION<br>AND VALUE<br>OF PROPERTY |
|----------------------------------|--|------------------|---|
|----------------------------------|--|------------------|---|

#### 7. Gifts

None  
☒

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF PERSON<br>OR ORGANIZATION | RELATIONSHIP<br>TO DEBTOR,<br>IF ANY | DATE<br>OF GIFT | DESCRIPTION<br>AND VALUE<br>OF GIFT |
|--|--------------------------------------|-----------------|-------------------------------------|
|--|--------------------------------------|-----------------|-------------------------------------|

#### 8. Losses

None  
☒

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case or **since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| DESCRIPTION<br>AND VALUE OF<br>PROPERTY | DESCRIPTION OF CIRCUMSTANCES AND, IF<br>LOSS WAS COVERED IN WHOLE OR IN PART<br>BY INSURANCE, GIVE PARTICULARS | DATE<br>OF LOSS |
|---|--|-----------------|
|---|--|-----------------|

#### 9. Payments related to debt counseling or bankruptcy

None  
☐

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS<br>OF PAYEE   | DATE OF PAYMENT,<br>NAME OF PAYER IF<br>OTHER THAN DEBTOR | AMOUNT OF MONEY OR<br>DESCRIPTION AND<br>VALUE OF PROPERTY |
|--|---|--|
| Debtor:<br>MALMQUIST AND GEIGER<br>415 LIBERTY ST.<br>MORRIS, IL 60450 | 12/24/14  | \$310.00<br>\$310 FILING FEE                               |
| DEBTORCC, INC.<br>***Bankruptcy dtr counseling payee                   | 12/24/14  | \$10.00  |

address RTE\*\*\*

Spouse:  
N/A

#### 10. Other transfers

None  
☒

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF TRANSFEREE,<br>RELATIONSHIP TO DEBTOR | DATE | DESCRIBE PROPERTY<br>TRANSFERRED AND<br>VALUE RECEIVED |
|---|------|--|
|---|------|--|

None  
☒

b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

| NAME OF TRUST OR OTHER<br>DEVICE | DATE(S) OF<br>TRANSFER(S) | AMOUNT OF MONEY OR DESCRIPTION<br>AND VALUE OF PROPERTY OR DEBTOR'S<br>INTEREST IN PROPERTY |
|----------------------------------|---------------------------|---|
|----------------------------------|---------------------------|---|

#### 11. Closed financial accounts

None  
☒

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF INSTITUTION | TYPE OF ACCOUNT, LAST FOUR<br>DIGITS OF ACCOUNT NUMBER,<br>AND AMOUNT OF FINAL<br>BALANCE | AMOUNT AND<br>DATE OF SALE<br>OR CLOSING |
|------------------------------------|---|--|
|------------------------------------|---|--|

#### 12. Safe deposit boxes

None  
☒

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF BANK OR | NAMES AND ADDRESSES<br>OF THOSE WITH ACCESS | DESCRIPTION<br>OF | DATE OF<br>TRANSFER |
|--------------------------------|---|-------------------|---------------------|
|--------------------------------|---|-------------------|---------------------|

OTHER DEPOSITORY

TO BOX OR DEPOSITORY

CONTENTS

OR SURRENDER,  
IF ANY

**13. Setoffs**

None  
☒

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATE OF<br>SETOFF | AMOUNT<br>OF SETOFF |
|------------------------------|-------------------|---------------------|
|------------------------------|-------------------|---------------------|

**14. Property held for another person**

None  
☒

List all property owned by another person that the debtor holds or controls.

| NAME AND ADDRESS<br>OF OWNER | DESCRIPTION AND<br>VALUE OF PROPERTY | LOCATION OF PROPERTY |
|------------------------------|--------------------------------------|----------------------|
|------------------------------|--------------------------------------|----------------------|

**15. Prior address of debtor**

None  
☐

If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

| ADDRESS   | NAME USED                                     | DATES OF OCCUPANCY                                  |
|---|---|---|
| Debtor:<br>2307 CHAMPLAIN ST.<br>OTTAWA, IL 61350 | HEATHER NORRIS                                | ***Debtor prior residence occupance<br>dates RTE*** |
| 2032 PRENTISS DR.<br>DOWNER'S GROVE, IL           | ***Debtor prior residence name used<br>RTE*** | ***Debtor prior residence occupance<br>dates RTE*** |
| 1863 ANNE LN.<br>MORRIS, IL 60450                 | HEATHER NORRIS                                | ***Debtor prior residence occupance<br>dates RTE*** |
| 803 E. JEFFERSON ST.<br>MORRIS, IL 60450          | HEATHER NORRIS                                | ***Debtor prior residence occupance<br>dates RTE*** |
| Spouse:<br>N/A                                    |   |   |

**16. Spouses and Former Spouses**

None  
☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites. "

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None  
☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

| SITE NAME<br>AND ADDRESS | NAME AND ADDRESS<br>OF GOVERNMENTAL UNIT | DATE OF<br>NOTICE | ENVIRONMENTAL<br>LAW |
|--------------------------|--|-------------------|----------------------|
|--------------------------|--|-------------------|----------------------|

None  
☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

| SITE NAME<br>AND ADDRESS | NAME AND ADDRESS<br>OF GOVERNMENTAL UNIT | DATE OF<br>NOTICE | ENVIRONMENTAL<br>LAW |
|--------------------------|--|-------------------|----------------------|
|--------------------------|--|-------------------|----------------------|

None  
☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

| NAME AND ADDRESS<br>OF GOVERNMENTAL UNIT | DOCKET NUMBER | STATUS OR<br>DISPOSITION |
|--|---------------|--------------------------|
|--|---------------|--------------------------|

**18 . Nature, location and name of business**

None  
☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or

other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

| NAME | LAST FOUR DIGITS<br>OF SOCIAL-SECURITY<br>OR OTHER INDIVIDUAL<br>TAXPAYER-I.D. NO<br>(ITIN)/ COMPLETE EIN | ADDRESS | NATURE OF<br>BUSINESS | BEGINNING<br>AND<br>ENDING<br>DATES |
|------|---|---------|-----------------------|-------------------------------------|
|------|---|---------|-----------------------|-------------------------------------|

None  
☒

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

| NAME | ADDRESS |
|------|---------|
|------|---------|

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

#### 19. Books, records and financial statements

None  
☒

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

| NAME AND ADDRESS | DATES SERVICES RENDERED |
|------------------|-------------------------|
|------------------|-------------------------|

None  
☒

b. List all firms or individuals who within **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

| NAME | ADDRESS | DATES SERVICES RENDERED |
|------|---------|-------------------------|
|------|---------|-------------------------|

None ☒ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

None ☒ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

## 20. Inventories

None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

|                   |                      | DOLLAR AMOUNT<br>OF INVENTORY<br>(Specify cost, market or other<br>basis) |
|-------------------|----------------------|---|
| DATE OF INVENTORY | INVENTORY SUPERVISOR |   |

None ☒ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

|                   | NAME AND ADDRESSES<br>OF CUSTODIAN<br>OF INVENTORY RECORDS |
|-------------------|--|
| DATE OF INVENTORY |  |

## 21. Current Partners, Officers, Directors and Shareholders

None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

| NAME AND ADDRESS | NATURE OF INTEREST | PERCENTAGE OF INTEREST |
|------------------|--------------------|------------------------|
|------------------|--------------------|------------------------|

None ☒ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

| NAME AND ADDRESS | TITLE | NATURE AND PERCENTAGE<br>OF STOCK OWNERSHIP |
|------------------|-------|---|
|------------------|-------|---|

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**22. Former partners, officers, directors and shareholders**

None  
☒

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

| NAME | ADDRESS | DATE OF WITHDRAWAL |
|------|---------|--------------------|
|------|---------|--------------------|

None  
☒

b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS | TITLE | DATE OF TERMINATION |
|------------------|-------|---------------------|
|------------------|-------|---------------------|

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**23 . Withdrawals from a partnership or distributions by a corporation**

None  
☒

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

| NAME & ADDRESS<br>OF RECIPIENT,<br>RELATIONSHIP TO DEBTOR | DATE AND PURPOSE<br>OF WITHDRAWAL | AMOUNT OF MONEY<br>OR DESCRIPTION<br>AND VALUE OF PROPERTY |
|---|-----------------------------------|--|
|---|-----------------------------------|--|

---

**24. Tax Consolidation Group.**

None  
☒

If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

| NAME OF PARENT CORPORATION | TAXPAYER-IDENTIFICATION NUMBER (EIN) |
|----------------------------|--------------------------------------|
|----------------------------|--------------------------------------|

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**25. Pension Funds.**

None  
☒

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

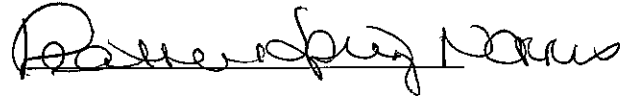
| NAME OF PENSION FUND | TAXPAYER-IDENTIFICATION NUMBER (EIN) |
|----------------------|--------------------------------------|
|----------------------|--------------------------------------|

\*\*\*\*\*

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I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.



Date \_\_\_\_\_ Signature of Debtor   
Date \_\_\_\_\_ Signature of Joint Debtor (if any) \_\_\_\_\_

0 continuation sheets attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

# United States Bankruptcy Court

NORTHERN DISTRICT OF ILLINOIS

In re

Heather Spring Norris

Case No. \_\_\_\_\_

Debtor

Chapter 13

## DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ 4,000.00  
Prior to the filing of this statement I have received ..... \$ 0.00  
Balance Due ..... \$ 4,000.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

- d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~  
e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.

12-24-14

Date

James M. Durkee

James M. Durkee  
Signature of Attorney

Malmquist and Geiger

Name of law firm

**UNITED STATES BANKRUPTCY COURT**  
NORTHERN DISTRICT OF ILLINOIS

In re

Chapter 13

Heather Spring Norris

Case No.

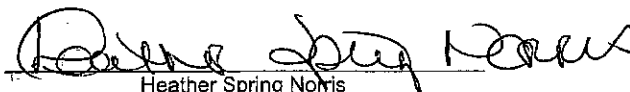
Debtors.

**STATEMENT OF MONTHLY NET INCOME**

The undersigned certifies the following is the debtor's monthly income.

| Income:  | Debtor       |
|--|--------------|
| Six months ago                                   | \$ 0.00      |
| Five months ago                                  | \$ 5,017.40  |
| Four months ago                                  | \$ 3,545.81  |
| Three months ago                                 | \$ 2,819.33  |
| Two months ago                                   | \$ 3,020.11  |
| Last month                                       | \$ 2,759.70  |
| Total Net income for six months preceding filing | \$ 17,162.35 |
| Average Monthly Net Income                       | \$ 2,860.39  |

Dated: 12/24/14

  
Heather Spring Norris  
Debtor

## NORTHERN DISTRICT OF ILLINOIS

In re **Heather Spring Norris**

Debtor

Case No. \_\_\_\_\_

Chapter **13****CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)  
UNDER § 342(b) OF THE BANKRUPTCY CODE****Certification of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed name and title, if any, of Bankruptcy Petition Preparer  
Address:

X \_\_\_\_\_

Signature of Bankruptcy Petition Preparer or officer,  
principal, responsible person, or partner whose Social  
Security number is provided above.

Social Security number (If the bankruptcy petition  
preparer is not an individual, state the Social Security  
number of the officer, principal, responsible person, or  
partner of the bankruptcy petition preparer.) (Required  
by 11 U.S.C. § 110.)

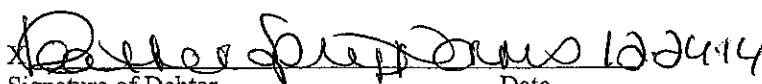
**Certification of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

**Heather Spring Norris**

Printed Name(s) of Debtor(s)

Case No. (if known) \_\_\_\_\_

X  12/24/14  
Signature of Debtor Date

X \_\_\_\_\_  
Signature of Joint Debtor (if any) Date

**Instructions:** Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

8668 SPRING MOUNTAIN RD.  
LAS VEGAS, NV 89117-4113

AMERICAN HOMES 4 RENT, LLC  
C/O AMG MANAGEMENT GROUP, LLC  
1400 ESSINGTON RD.  
JOLIET, IL 60435

AMERICAN HOMES 4 RENT, LLC  
30601 AGOURA RD.  
AGOURA HILLS, CA 91301

AT&T  
C/O THE COLLECTION FIRM OF FRANKLIN COLL  
P.O. BOX 3910  
TUPELO, MS 38803-3910

BARLCAYCARD  
CARD SERVICES  
P.O. BOX 60517  
CITY OF INDUSTRY, CA 91716-0517

CAPITAL ONE BANK (USA), N.A.  
P.O. BOX 6492  
CAROL STREAM, IL 60197-6492

CBO/OSFMG OTTAWA  
C/O CONVERGENT HEALTHCARE RECOVERIES, IN  
P.O. BOX 5435  
DEPT. 0102  
CAROL STREAM, IL 60197-5435

COMENITY - MAURICES  
P.O. BOX 659705  
SAN ANTONIO, TX 78265-9705

COMENITY - VICTORIA'S SECRET  
P.O. BOX 659728  
SAN ANTONIO, TX 78265-9728

HEIGHTS FINANCE  
1128 COLUMBUS ST.  
OTTAWA, IL 61350

HEIGHTS FINANCE CORPORATION  
P.O. BOX 2235  
OTTAWA, IL 61350-6835

INTERNAL REVENUE SERVICE  
P.O. BOX 7346  
PHILADELPHIA, PA 19101-7346

MORRIS HOSPITAL  
C/O MIRAMED REVENUE GROUP  
DEPT 77304  
P.O. BOX 77000  
DETROIT, MI 48277-0304

MORRIS HOSPITAL  
C/O CREDITORS DISCOUNT AND AUDIT CO.  
415 E. MAIN ST., P.O. BOX 213  
STREATOR, IL 61364-0213

MORRIS HOSPITAL  
150 W. HIGH ST.  
MORRIS, IL 60450

MORRIS HOSPITAL  
C/O MICHAEL R. NAUGHTON  
P.O. BOX 10  
MANHATTAN, IL 60442

PERSONAL FINANCE COMPANY  
5 NORTHPOINT PLAZA  
STREATOR, IL 61364

STREATOR ONIZED CREDIT UNION  
912 N. SHABONA ST.  
STREATOR, IL 61364

SYNCHRONY BANK  
P.O. BOX 960081  
ORLANDO, FL 32896-0061

SYNCHRONY BANK/AMAZON  
P.O. BOX 960013  
ORLANDO, FL 32896-0013

THE CASH STORE  
357 W. STEVENSON RD.  
OTTAWA, IL 61350

TURNBERRY COURT APARTMENTS  
2811 CHAMPLAIN ST.  
OTTAWA, IL 61350



In Re:

Bankruptcy Case Number: \_\_\_\_\_

**Heather Spring Norris**

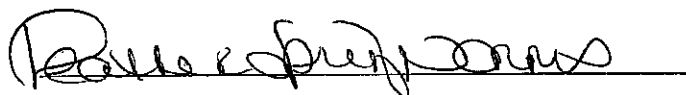
**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: \_\_\_\_\_

The above named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Dated:

12-24-14



Debtor

\_\_\_\_\_  
Joint Debtor

B 1C (Official Form 1, Exhibit C) (9/01)

*[If, to the best of the debtor's knowledge, the debtor owns or has possession of property that poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety, attach this Exhibit "C" to the petition.]*

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS

In re Heather Spring Norris, ) Case No. \_\_\_\_\_  
Debtor )  
)  
) Chapter 13

**EXHIBIT "C" TO VOLUNTARY PETITION**

1. Identify and briefly describe all real or personal property owned by or in possession of the debtor that, to the best of the debtor's knowledge, poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety (attach additional sheets if necessary):

2. With respect to each parcel of real property or item of personal property identified in question 1, describe the nature and location of the dangerous condition, whether environmental or otherwise, that poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety (attach additional sheets if necessary):